

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate HARVEY MOSS

Address 49 FARRIS LANE CORINTH, MS. 38834

Telephone 662-287-4689 Fax 662-287-8086

Contact Name _____ Email _____

Office Sought STATE REP. DIST. 2 Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3000.00 + \$	\$ 3000.00	\$ 3000.00
Total amount of disbursements	\$ 324.46 + \$ 1361.97	\$ 1686.43	\$ 1686.43
Total amount of cash on hand		\$ 2315.25	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Harvey Moss

Date 1-28-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

HARVEY MOSS

Reporting period

1-1-10

through

12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>11/24/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 39</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code <u>OLIVE BRANCH MS 38654</u>		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF RAILWAY</u>		<u>9/1/10</u>	\$ <u>250.00</u>
Mailing Address <u>2560 LOUWENK DRIVE</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code <u>FORT WORTH, TX 76131</u>		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MS. PAC</u>		<u>8/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>125 E. CAPITAL ST.</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code <u>702 LANDMARK CENTER</u> <u>JACKSON, MS 39201</u>		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NORFOLK SOUTHERN</u>		<u>11/15/10</u>	\$ <u>250.00</u>
Mailing Address <u>THREE COMMERCIAL PLACE</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code <u>NORFOLK, VA 23510-2191</u>		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee _____

Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEURON</u>		<u>9/22/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9034</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>CONCORD, CA. 94524</u>		<u>1-1-</u>	\$
Name of Employer (Required)		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DENBURY</u>		<u>1-1-</u>	\$ <u>1000.00</u>
Mailing Address <u>5700 TENNYSON PARKWAY</u>		<u>12/30/10</u>	\$
City, State, Zip Code <u>SUITE 1200</u> <u>PLANO, TEXAS 75024</u>		<u>1-1-</u>	\$
Name of Employer (Required)		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1-1-</u>	\$
Mailing Address		<u>1-1-</u>	\$
City, State, Zip Code		<u>1-1-</u>	\$
Name of Employer (Required)		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1-1-</u>	\$
Mailing Address		<u>1-1-</u>	\$
City, State, Zip Code		<u>1-1-</u>	\$
Name of Employer (Required)		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

HARVEY MOSS

Reporting period

1-1-10

through

12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>AD WORLD SPECIALTIES</u>	<u>3/3/10</u>	\$ <u>274.46</u>
Mailing Address		
<u>3403 LANELL LANE</u>	<u>3/24/10</u>	\$ <u>50.00</u>
City, State, Zip Code		
<u>PEARL MS 39208</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>324.56</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$